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FACSIMILE TRANSMISSION

CONFIDENTIAL

DATE: March 30, 2005

CLIENT No.: 22725

To:

Name	FAX No.	PHONE NO.
Commissioner for Patents - USPTO	(703) 872-9306	

FROM:

Brian M. Hoffman, Reg. No.

PHONE:

(415) 875-2444

39,713

NUMBER OF PAGES WITH COVER PAGE: 4 ORIGINAL WILL NOT FOLLOW

Message:

Attached are Requests for Withdrawal as Attorney or Agent in the following applications:

09/939,206 09/991,428

CAUTION - CONFIDENTIAL

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0001/PTO Rev. 10/95	U.S. Department of Patent and Trader		Application Number	N/A			
			Filing Date	N/A	N/A		
TRANSMITTAL FORM		First Named Inventor	N/A	N/A			
(to be used for all corre	espondence during pe lapplication)	ndency of	Examiner				
	•						
			Group Art Unit				
Total Number of Pages	in This Submission	•	Attorney Docket Number	er			
	ENCLO	SURES	(check all that ap	p <i>ly)</i>			
Fee Transmittal Fo	orm (în duplicate)		Request to W	ithdraw as Attor	mey or Agent in		
_			Application Nos.		•		
	Enclosed		09/939,206				
Return Receipt Pos			09/991,428				
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ı =	ordation Cover Sheet						
Declaration							
Power of Attorney	h						
Application Data Si		NO CHAOA					
i —	sure Statement & PTC				•		
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Request for Correct				· 			
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Amendment/Response: [] Page(s)							
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Status Request							
Revocation and Su	ubstitute Power of Atto	omey					
REMARKS:							
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	SIGNAT	URE OF	ATTORNEY OR AG	ENT			
Signature:	172	//	,				
	-1/2						
Attorney/Reg. No.: B	No.: Brian M. Hoffman, Reg. No. 39,713			Dated:	March 30, 2005		
CERTIFICATE OF FACSIMILE TRANSMISSION							
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the feesimile number indicated below.							
Signature:	705						
Typed or Printed Name:	Brian M. Hoffma	ın		Dated:	March 30, 2005		
Facsimile Number: 1-703-872-9306							

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	09/939,206	
Filing Date	August 24, 2001	
First Named Inventor	James M. Gill	
Group Art Unit	3629	
Examiner Name	Jamisue A. Webb	
Attorney Docket Number	22725-05869	-

То:	Commissioner for P.O. Box 1450 Alexandria, VA 22						
i hereby of this n	y apply to withdraw equest for withdraw	as attorney or ager al and provided wit	nt for the above ide	ntified pate operty to w	nt application. The clier hich the client is entitled	it has be	en duly notified
The rea	sons for this reque:	st are:			•		
The clie	ent knowingly and fr	eely assents to len	mination of the emp	oloyment.			
		·					
1. 🗆	The corresponder	nce address is NOT	affected by this w	ithdrawal.			
2. 🖾	Change the corre	spondence address	s and direct all futu	re correspo	ndence to:		
Firm <i>or</i> Individu	ıal Name	Alston & Bird LLP					
Address	S	Bank of America	Plaza, 101 South 1	ryon Street	t, Suite 4000		
Address	ş						
City		Charlotte	-	State	NC	Zip	28280-4000
Country	•	United States					
Telepho	one	(704) 444-1000		Fax	(704) 444-1111		
 ☑ This request is made on behalf of myself and ☑ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number on whose behalf I have signed this request and on whose behalf I am authorized to sign. 							
Name		Brian M. Hoffman, Reg. No. 39,713					
Signatu	re	13-96-2-					
Date		March 30, 2005					
Uniess	Withdrawal is effect there are at least 3 for response or pos	0 days between ap	proval of withdraws	al and the e	xpiration date of a time normally disapproved.		